

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-026683

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128Primary Registration District No. 2200Registrar's No. 1099A

FILED AUG 9 1962

1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)

Springfield

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

St. John Hospital

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Laclede

c. CITY
OR
TOWN

Lebanon, Mo.

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS(If outside, give location)
590 N. Monroe

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

James

Middle

Abner

Last

Buster

4. DATE
OF
DEATHMonth
JulyDay
15Year
62

5. SEX

Male

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9-25-1895

9. AGE (last birthday)

66

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Electrician

10b. KIND OF BUSINESS OR INDUSTRY

Electrician

11. BIRTHPLACE (City and state or country)

Laclede Co.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

David Buster

13b. MOTHER'S MAIDEN NAME

Betty Dalton

14. NAME OF HUSBAND OR WIFE

Edna Buster

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) If yes, give war or dates of service
yes W.W. I Navy

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Ashford Hough

Address

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ARTERIOSCLEROTIC HEART
DISEASEConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5/23/57 to 7/15/62 and last saw her live on 7/15/62
Death occurred at 9:45 Am. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

burial

23b. DATE

7-17-62

23c. NAME OF CEMETERY OR CREMATORY

Lebanon City Cemetery

23d. LOCATION (City, town, or county)

Lebanon, Mo. Laclede coun

24. FUNERAL DIRECTOR

ADDRESS

Douglas Greiswald, Lebanon, Mo.

25. DATE RECD. BY LOCAL REG.

Aug 6, 1962

26. REGISTRAR'S SIGNATURE

Effie E. Meeten

(Licensed Embelmer's Statement on Reverse Side)

USE BLACK INK.

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

6397

2535

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94200

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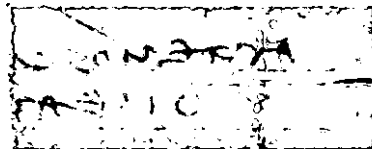
11

1240

13

ST. MICHAEL'S

OCT 25 1962



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James Douglas Griswold

Licensed Embalmer No. 5099

P. O. Address Lebanon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Print serial 7-15-62